

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041902

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: GLYNDA W. CAVALCANTI, CPA, LLC

**Current Principal Place of Business:**

130 SOUTH INDIAN RIVER DRIVE  
UNIT 305  
FT PIERCE, FL 34950

**New Principal Place of Business:**

315 AVE A  
FORT PIERCE, FL 34950

**Current Mailing Address:**

PO BOX 3688  
FT PIERCE, FL 349483688

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOBLEGARD, R N III ESQ  
200 SOUTH INDIAN RIVER DRIVE  
STE 201  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

CAVALCANTI, GLYNDA W  
315 AVE A  
FORT PIERCE, FL 34950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GLYNDA CAVALCANTI

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: CAVALCANTI, GLYNDA W  
Address: 315 AVE A  
City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLYNDA CAVALCANTI

MGR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date